## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

W801 337

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			X					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	<del></del>	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20= *		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =			·		X43=		OR	X86=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL		
	. C		MENDED	ENDED - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL	
$\overline{}$	<u> </u>	(Column 1)	1	HIGH		(Column 3)	olumn 3)	-		1		
AMENDMENT A		REMAINING AFTER AMENDMENT	22	NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	<u>-</u>		X43=		OR	X86=	
	FIRST PRESE	INTATION OF ME		PENDENT	CLANVI			+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2)	(Column 3)		ODII. FEE (			ADDII. 1 EE	
		CLAIMS		HIGH	ST	(COIGILIAN O)	lr		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .	ŀſ	X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM		╵┟	+145=		OR	+290=	
								TOTAL			TOTAL	
	•	A	DDIT. FEE L		OH /	ADDIT. FEE						
-		(Column 1)	<del></del>	(Colum		(Column 3)	í		•	_	·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<del>.</del>	<sup>∪</sup>		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
							AI	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE	
		mber Previously Paid ther Previously Paid							ropriate box			